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|                             |                                   |              |                        |   |
|-----------------------------|-----------------------------------|--------------|------------------------|---|
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/25/2002

|                                 |  |                            |                        |                    |                         |
|---------------------------------|--|----------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>MEXICO | SHEETS<br>DRAWING<br>4 | TOTAL CLAIMS<br>30 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                        |                    |                         |
| Verified and Acknowledged       | Examiner's Signature Initials  |                            |                        |                    |                         |

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